


FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0085-DC-2003-42 Legislative Energy Projects		OMB Approval No. 0348-0038		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503							
4. Employer Identification Number 92-6001185		5. Recipient Account Number or Identifying Number 31009		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 1/24/2003		To: (Month, Day, Year) 1/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2007		To: (Month, Day, Year) 9/30/2007	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				5,818,795.89	18,822.67	5,837,618.56	
b. Recipient share of outlays				0.00	0.00	0.00	
c. Federal share of outlays				5,818,795.89	18,822.67	5,837,618.56	
d. Total unliquidated obligations						202,706.25	
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations						202,706.25	
g. Total federal share (Sum of lines c and f)						6,040,324.81	
h. Total Federal funds authorized for this funding period						6,103,198.24	
i. Unobligated balance of Federal funds (Line h minus line g)						62,873.43	
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation Reporting is required on an annual basis. However, DC personnel have requested the SF269 quarterly and AEA has agreed to this request.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents							
Typed or Printed Name and Title Amy E. McCollum, Controller				Telephone (Area code, Number and extension) (907) 269-4629			
Signature of Authorized Certifying Official 				Date Report Submitted October 30, 2007			

NSN 7540-01-218-4387

269-202

Standard form 269A (Rev. 7-97)

Prescribed by OMB Circular A-102 and A-110

